

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: RESPIRATORY HUMIDIFICATION SYSTEM, the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____ as
 Application Serial No. _____
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
<u>NZ 509656</u> (Number)	<u>NEW ZEALAND</u> (Country)	<u>31/01/01</u> (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below; insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Richard A. Giangiorgi, Reg. 24,284; Raiford A. Blackstone, Jr., Reg. 25,156; David J. Marr, Reg. 32,915; Linda L. Palomar, Reg. 37,903; James R. Foley, Reg. 39,979; James A. O'Malley, Reg. 45,952 and Paige A. Kitzinger, Reg. 45,219.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor MALCOLM DAVID SMITH
 Inventor's signature _____ Date _____

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Variable	Unit	Mean	SD	Min	Max
Age	Years	35.2	10.5	20	55
Gender	Male/Female	15/15			
Height	cm	175.5	7.5	160	190
Weight	kg	75.5	15.5	55	110
Heart rate	beats/min	165	15	140	190
Stroke volume	L/min	115	25	80	150
Cardiac output	L/min	26.5	6.5	18	38
Systemic blood pressure	mmHg	125/75	15/10	100/60	140/90
Pulmonary artery pressure	mmHg	25/15	5/3	20/10	30/20
Pulmonary capillary pressure	mmHg	28/16	5/3	22/12	32/22
Right atrial pressure	mmHg	10/5	3/2	5/0	15/10
Right ventricular pressure	mmHg	25/15	5/3	20/10	30/20
Left atrial pressure	mmHg	12/8	3/2	8/0	16/12
Left ventricular pressure	mmHg	125/75	15/10	100/60	140/90
Mean arterial pressure	mmHg	93	12	70	115
Central venous pressure	mmHg	10	3	5	15
Right ventricular pressure	mmHg	25	5	20	30
Left ventricular pressure	mmHg	125	15	100	140
Stroke volume	L/min	115	25	80	150
Cardiac output	L/min	26.5	6.5	18	38
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Right ventricular pressure	mmHg	25/15	5/3	20/10	30/20
Left atrial pressure	mmHg	12/8			

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